

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 99520 Office of Registrar of Vital Statistics. Ward 9<sup>44</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death,

April 26<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Louis Techmback

Sex, Male or Female, { Cross out the word not required in this line.

43 Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Single

Occupation

Mechanic

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, { Give street and Number.

334 W Lombard St

Cause of Death, { First (Primary),

Capillary Pneumonia

Second (Immediate).

Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ohel Sholam Cemetery

F. J. Miles

M. D.

Date of Burial, April 29

Medical Attendant.

{ Undertaker Jacob Strong & Co.

Address, 674 Cathedral St

Place of Business, 626 W Battle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99321

Office of Registrar of Vital Statistics.

Ward 141<sup>9</sup>

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 27, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Philip J. Wild

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years,

Months,

Days

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Wife Maker

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, { Give Street and Number. }

423 N. Carrollton av.

Cause of Death, { First (Primary),

Pulmonary Phthisis

Second (Immediate),

22 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29th 1887

{ Undertaker, F. Lewis Schaefer

{ Place of Business, 316 N. Fremont

J. W. C. Cudde, M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99522 Office of Registrar of Vital Statistics. Ward 5<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 27 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Stemwell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, { Give Street and Number. }

243 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), }

Spasms

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician.

Place of Burial, Public Ground

Date of Burial, April 29th, 1887

Undertaker, Geo. Rinckow

Alexander Hill, M. D.  
Medical Attendant.

Place of Business, Health Dept.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99523

Office of Registrar of Vital Statistics.

Ward

6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 29 1887  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death,

April 28-1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

H. J. Root

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35

Years, —

Months, —

Days

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Milk-dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number. } No. 1121 N. Wolfe St.

Cause of Death, { First (Primary), Laudanum poisoning (suicide) } Second (Immediate),

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 1<sup>st</sup>

Undertaker, A. O. R. Bandell

Place of Business, 1608, Mullen St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99524 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Catherine Schnick

Sex, Male or Female, { Cross out the word not required in this line }

Age, 73 Years,

Months

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Germany

Duration of Residence in the City of Baltimore,

50 years.

Place of Death, { Give Street and Number }

Pl 27 Watson St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Duration of Last Sickness,

6 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 30<sup>th</sup>

I. W. Horick

M. D.

{ Undertaker, Evans & Spence }

Medical Attendant.

{ Place of Business, 1000 E Balt. St. }

Address, 1005 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this card.

# Health Department, City of Baltimore.

Permit No. 99525

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

April 28, 1889 Charles Lutts

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 8 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), & Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29<sup>th</sup>

Undertaker, John Herbig

Place of Business, Orleans St

Baltimore City  
from birth

1435 Hempstead St  
"Marasvilles"

from birth

Address, 1006 E Baltimore St

Medical Attendant,

F. J. Thomas, M. D.

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99526 Office of Registrar of Vital Statistics. Ward 18<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28, 1887

Full Name of Deceased, John Hrisler Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, required in this line. Male

Age, 63 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Laborer

Birth Place, Germany State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, 100 Gross St, Give Street and Number.

Cause of Death, Senile Arthritis First (Primary), Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 29

Undertaker, B. Hale

Place of Business, 115 West Address, 9 E. Montgomery St.

Groves Straus M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99527 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline L. Engelmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 Years, 11 Months, 17 Days.

Color, Toffee

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 371 S. Eager St.

Cause of Death, { First (Primary), Pathis is Protrusalis  
Second (Immediate), Allarascens }

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 1<sup>st</sup> 1887

{ Undertaker, A. Fink & Sons M. D.

{ Place of Business, 415 W. Gay St. Address, Eager & Caroline Streets

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99528 Office of Registrar of Vital Statistics. Ward 16<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 29 1887  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

Date of Death,

April 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael Lohrmann.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Barber.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Alemania. (33 yrs in U.S.)

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give Street and Number. }

914 S. Sharp St.

Cause of Death, { First (Primary), Alcoholum. }

Second (Immediate), Chronic Gastritis, Exhaustion.

Duration of Last Sickness,

3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Cauldene Park Cemetery

Date of Burial, May 1<sup>st</sup> 1887 P. J. S. Tall, M. D.

{ Undertaker, Julius Kochler

Medical Attendant.

{ Place of Business, Sharp & Geor. Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99539

Office of Registrar of Vital Statistics.

Ward 59

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Freeman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 719 N. Durham st

Cause of Death, { First (Primary), Rheumatism & Carbuncle  
Second (Immediate), }

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29<sup>th</sup> 1887

{ Undertaker, Chas. S. Rutledge Edwin B. Fenby, M. D.  
Medical Attendant.

{ Place of Business, 132 N. Caroline St. Address, 1201 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the day and date of death.